



**Department of the Treasury**  
*Federal Law Enforcement Agencies*  
**PROCESS RECEIPT AND RETURN**

|   |   |  |  |
|---|---|--|--|
| PLAINTIFF<br>UNITED STATES OF AMERICA   |   | COURT CASE NUMBER<br>CR No. 10-10414-WGY   |  |
| DEFENDANT<br>KEVIN B. KELLY   |   | TYPE OF PROCESS<br>PRELIMINARY ORDER OF FORFEITURE   |  |
| SERVE AT  | Name Of Individual, Company, Corporation, Etc.. to Serve or Description of Property to Seize<br><br>Robert E. Nunley, Esq., Nunley & Associates, PLLC |  |  |
|   | Address (Street or RFD / Apt. # / City, State, and Zip Code)<br><br>5 West Hargett Street, Suite 1000, Raleigh, NC 27601                              |  |  |
| Send NOTICE OF SERVICE copy to Requester:<br><br>VERONICA M. LEI, ASSISTANT U.S. ATTORNEY<br>UNITED STATES ATTORNEY'S OFFICE<br>John Joseph Moakley United States Courthouse<br>1 Courthouse Way, Suite 9200<br>Boston, Massachusetts 02210   |   | Number Of Process To Be Served In This Case.   |  |
|   |   | Number Of Parties To Be Served In This Case.   |  |
|   |   | Check Box If Service Is On USA   |  |
| SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)<br><br>Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested. |   |  |  |
| JRL x3280   |   |  |  |
| Signature of Attorney or other Originator requesting service on behalf of<br><br><i>Barry R. Small</i>  |   | [ X ] Plaintiff<br><br>[    ] Defendant  | Telephone No.<br>(617) 748-3100                              |
| SIGNATURE OF PERSON ACCEPTING PROCESS:  |   |  | Date<br>April 4, 2011  |
| <b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>   |   |  |  |
| I acknowledge receipt for the Total # of Process Indicated.<br><br>____   | District of Origin No.<br><br>____  | District to Serve No.<br><br>____  | SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:<br><br>____ |
| I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.  |   |  |  |
| [ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.  |   |  |  |
| NAME & TITLE of Individual Served If not shown above:   |   | [ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode. |  |
| ADDRESS: (Complete only if different than shown above.)   |   | Date of Service<br><br><i>04-11-2011</i>   | Time of Service [ ] AM<br>[ ] PM                             |
| Signature, Title and Treasury Agency<br><br><i>Barry R. Small - FPOF Officer - DAS-CBP</i>  |   |  |  |
| REMARKS:  |   |  |  |

TD F 90-22.48 (6/96)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Robert E Nunley, Esq.  
 Nunley + Associates, PLLC  
 5 West Hargett St.  
 Suite 1000  
 Raleigh, N.C 27601

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

 Agent  
 Addresser
 

## B. Received by (Printed Name)

## C. Date of Deliver

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                              |
| <input type="checkbox"/> Registered                | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                                    |

## 4. Restricted Delivery? (Extra Fee)

 Yes
 

15-02-M-154

2. Article M  
(Transfe

PS Form

7010 1060 0000 1231 1731

| Postage                              | \$            | (Endorsement Required) |
|--------------------------------------|---------------|------------------------|
| Certified Fee                        | \$            |                        |
| Return Recipient Fee                 | \$            |                        |
| Restricted Delivery Fee              | \$            |                        |
| (Endorsement Required)               |               |                        |
| Total Postage & Fees                 |               |                        |
| \$                                   |               |                        |
| Send To                              | Postmark Here |                        |
| Street, Apt. No.,<br>or P.O. Box No. |               |                        |
| City, State, ZIP+4                   |               |                        |



PS Form 3000 August 2006  
 See reverse side for instructions